



Withdrawal (BOR)

Dated:

Claimant ID/SSN.:

BOR Docket No.: (If Issued)

In accordance with the provisions of 56 Ill. Adm. Code 2720.325, I

(Name)

(Check One) (Claimant Employer, the Appellant in the above referenced BOR Docket Number, hereby voluntarily

withdraws the appeal I filed with the Board of Review on

(Date)

Signature (Claimant / Employer)

Signature (Attorney / Representative)
For
(Claimant / Employer)

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